SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION

Thereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of horizonta, lated below and, knoder as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, lacknowledge duty to disclose on the prior public that the prior public state of the prior application and the prior public state of the prior application and the prior public publ

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U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (If applicable)			
PC T/							, 97							
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB02B attached hereto. s a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact at business in the Patent Paten														
s a named inve	ntor, I here	by appoint the fo ected therewith:	llowing Cu	registered pra ustomer Numb	(s) to pr	prosecute this application			on and to to	ransact	all business in the Patent Place Customer Number Bar Code Label here			
				Registered practitioner(s) nar Registration								Registration		
Name				Number			Name			10		Numb	er	
John Moetteli				35,289			2							
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.														
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patient issued thereon.														
Name of S	ole or F	irst Inventor	:				A pe	tition	has bee	n filed fo	r this u	nsigned inver	ntor	
Given Name (first and middle [if any])							Family Name or Sumame							
John Brent							MOETTELI							
toventor's Allul			/ //S	184111								1-22-99 Date		
Signature Residence: City		Genev	a	State	CH		Coun	try	Swi	tzer	land	Citizenship	US	
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☐Additiona	al invento	rs are being na	med o	n the su	_			al Inv	rentor(s	sneet(s)	PIOA	SEVUZA attact	ied Hereit	
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